

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number:: 10/568,617  
Filing Date:: 02/16/2006  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: Lever Ring Having a Slanted Flat Strip  
Attorney Docket Number:: 60291.000045  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?::  
Petition Type::  
Licensed US Government Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Application?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity

Given Name:: Wolfgang  
Middle Name::  
Family Name:: Peter  
Name Suffix::  
City of Residence:: Cuxhaven  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing Address:: Mattias-Claudius-Weg 83  
Street of Mailing Address::  
City of Mailing Address:: Cuxhaven  
State or Province of Mailing Address::  
Country of Mailing Address:: DE  
Postal or Zip Code of Mailing Address:: 27474

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity

Given Name:: Wolfgang  
Middle Name::  
Family Name:: Lattner  
Name Suffix::  
City of Residence:: Castrop-Rauxel  
State or Province of Residence::  
Country of Residence:: DE

Street of Mailing Address:: Uferstrasse 62  
Street of Mailing Address::  
City of Mailing Address:: Castrop-Rauxel  
State or Province of Mailing Address::  
Country of Mailing Address : DE  
Postal or Zip Code of Mailing Address:: 44581

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity

Given Name:: Till  
Middle Name::  
Family Name:: Isensee  
Name Suffix::  
City of Residence:: Ritterhude  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing Address:: Landdrostrasse 10  
Street of Mailing Address::  
City of Mailing Address:: Ritterhude  
State or Province of Mailing Address::  
Country of Mailing Address : DE  
Postal or Zip Code of Mailing Address:: 27721

**Correspondence Information**

Correspondence Customer No.: 21967

**Representative Information**

Representative Customer Number: 21967

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This	National Stage of	PCT/DE2004/001836	08/18/04

**Foreign Priority Information**

<b>Country:</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Germany	DE 10338445.6	08/19/03	Yes

**Assignee Information**

Assignee Name:: Impress Metal Packaging S.A.  
Street of Mailing Address:: Route Departmentale 306  
Street of Mailing Address::  
City of Mailing Address:: Crosmieres - La Fleche  
State of Province of Mailing Address:: Cedex  
Country of Mailing Address:: FR  
Postal or Zip Code of Mailing Address:: 72206